State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-116 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 //1 6 //1 4 SUMMIT BOARD OF EDUCATION Type Notification Agencies Notified Street Address Initial **EPA** 90 MAPLE STREET Amended DEP City, State, Zip Code Amendment #: \boxtimes DOL SUMMIT, NJ 07901 Emergency (including Telephone Number Name of Contact DOH. justification) DCA DCA MIKE KRISHER Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) FRANKLIN ELEMENTARY SCHOOL. Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age 136 BLACKBURN ROAD Square Feet County (6) County Code (7) (State use only) Current Use (Prior if being demolished) UNION SUMMIT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00127 D & S RESTORATION, INC. WESTCHESTER ENVIRONMENTAL LLC Street Address Street Address 20 California Ave. 307 NORTH WALNUT STREET City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 WEST CHESTER, PA 19380 Telephone Number License Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 610-431-7545 MATTHEW ABRAHAM Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 04/15/14 04/20/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: 4:00 pm Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure $\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$ Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely E Location of P by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p С staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a a abated in facility (13) L Yes N/A No X ASBESTOS CEILING PLASTER 140 SO FT **ENTRANCE CANOPY** Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 5 YDS Disposal Date City, State City, State 04/21/14 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) 04/16/14 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

ASR-41

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-116

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Date of Notification		Nan	ne of Bui	lding Own	er/Operator (2	2)								1
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Agencies Notified EPA	Type Notificati Initial	on Stre	et Addre	ss	†									T
☐ DEP	Amended	90) MAPI	LE STRE	ET		19						-y #4	- !
_	Amendment #:	City	, State, Z	Zip Code					A 1 4 4 4		***	16 K		J
☑ DOL	Emergency	1		T, NJ 079	901									
☑ DOH	(including justification)	Nam	e of Con	ntact					Telephone	Number				
□ DCA	☐ Cancellation	<u> </u>	ИІКЕ К	RISHER					<u>-</u> Ľ		_			
				FAC	ILITY INFOR	MATIO	N							
Name of facility w	here abatement is	s taking place	(3)					T	ype of Facility (4	1) (K - 12)				
FRANKLIN E	LEMENTARY	SCHOOL.								pter 8 (O	ther th	an K	-12)	
Street Address								٦1	Other (I	Private/Co	omme		- 1295 4 02	
136 BLACKB	URN ROAD									Homes, et		Blo	dg. Ag	ge
City (5)	ord (Roll D	County	(6)			Cou	unty Code (7)	- `	Squaio i soci				J ,	
							ate use only)		Current Use (Pr	ior if being	g dem	olishe	ed)	
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Name of Monitorin		energy was an experience of the	53		ASCM No.		Name of Abatem			•				
WESTCHESTI	ER ENVIRON	MENTAL L	TC		00127	_	D & S REST Street Address	ORAT	ION, INC.					
Street Address	ZAT NITT OTDI	EEC					20 California	a Ave						
307 NORTH W		EEI				_	City, State, Zip C						-	
WEST CHEST		0					Paterson, N.		3					
Project Manager fo			Ph	one Numb	per		Telephone Numb	0 0000 00000000		License		er		
MATTHEW AI	BRAHAM		61	.0-431-75	545		973-345-80			0	1169			
Start Date (10)		Sched. C		on Date (1	COLUMN TO THE RESERVE TO THE PARTY OF THE PA	_	Name of OSHA							
04/15/14		04/20/1	4				D & S Resto	oration,	Inc.				-	
Occupancy Status	During Abatemer						20 California	Aven	ne					
	d/vacated during						City, State, Zip C			1100				
Abatement p Describe:	erformed outside	of normal fac	ility hour	rs-										
Other-Descri	ibe: 4:00 pm					_	Paterson, N.	J 0750	3					T
Scope of Work (ch		/)					-	⊠ Full	Containment w	/negative	press	ure		
> 3 sf or $> 3 $ lf		Renovation							i-enclosure vebag procedur	0				
≥160 sf or ≥2	260 If	Demolition							n-Exempted (*)		friable	proce	edure	
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asbestos-coi material (acr		staff(12)	ance/cus	todiai			asbestos-containin	g	Amount (Specify S	For	m	р	n c	n
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Registered Waste I			Hauler I	1	Subic Yards o	f Waste								
D & S RESTOR	RATION, INC.	13500	5		5 YDS			VN, RE	ESOURCE RE	COVER	Ϋ́			
City, State PATERSON, N	JI 07503			Disposal [04/21/1			City, State TULLYTO	WN P	4					
Completed by (Prin		Title		- 112111	Signature		1 1011110		<u>-</u>	Date	-			
BOGDAN JOL		PRESIDE	NT							03/26/	4 201	4		
ASR-41		Do not use t	his form	for asbest	os licensure	exempte	ed activities.				77.46.40.			Sean Observed

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-156 Name of Building Owner/Operator (2) Date of Notification (1) 10 14 1/1 16 1/1 14 Mario Del VALLE Type Notification Agencies Notified Street Address Initial EPA 38 WYCKOFF AVENUE Amended DEP City, State, Zip Code Amendment #: DOL WYCKOFF, NJ 07481 Emergency Telephone Number (including DOH Name of Contact justification) ☐ DCA Mario Del VALLE Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Mario Del VALLE Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 38 WYCKOFF AVENUE County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) BERGEN WYCKOFF Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 04/30/14 05/22/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure F Is location normally used solely E Location of e by maintenance/custodial n Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a a L abated in facility (13) Yes No N/A X 178 L FT PIPE INSULATION BASEMENT NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 2 YD Disposal Date City, State City, State 04/30/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 04/16/14 BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities. ASR-41

State of NJ Notification of Asbestos Abatement (Pursuant to N.IAC 8:60 and 12:120)

D&S Proj. #: 2014-155			(Pursuai	nt to NJAC	8:60	and 12:120)		72.6		7	TE2		7
Mary # 00558	2				V.								
Date of Notification (1)	Na	ime of Build	ling Owner	Operator (2)			200	APR	2 2	0014			
0 4 / 1 6 / 1 4		MOHAMN	AD RIA	Z			100	731 11	22	ZU14			
Agencies Notified Type Notificat	ion Str	reet Address	S										
EPA Initial Amended		18 CLARI	K PLACE								3		
DEP Amendment #:	Cit	ty, State, Zij	o Code				-3%						
DOL Emergency		BLOOMF	TELD, N.	07003									_
DOH (including	Na	me of Conta						Telephone	Number				
justification) DCA Cancellation	11	MOHAM	MAD RI	ΑZ						<u>/</u>			
Cancellation				ITY INFORMA	TION								
Name of facility where abatement	is taking plac	ce (3)	18. DATE:			T	Тур	e of Facility (4)				
						1		_	(K - 12)			40)	
MOHAMMAD RIAZ									pter 8 (Ot Private/Co			12)	
Street Address									lomes, et		Jiai		
18 CLARK PLACE		0					Sc	uare Feet #	of Floors		Bld	g. Age	9
City (5)	Coun	ty (6)				nty Code (7)	_						_
					(Stat	te use only)	C	urrent Use (Pri	or if being	demo	lishe	d)	
BLOOMFIELD Name of Monitoring Firm Hired by	ESS Bldg Owne	100000000000000000000000000000000000000		ASCM No.	-11	Name of Abatemen	nt Conti	ractor (9)					
Name of Monitoring First Filed by	Diag. Owne	1 (0)	1	ACCIVITIO.		D & S RESTOR							
Street Address					-11	Street Address							
Olicel Address						20 California A	Ave.						
City, State, Zip Code						City, State, Zip Code	е						E-Ven C
						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	n	Pho	one Numbe	er .		Telephone Number			License		er		
						973-345-8020			0.	169			
Start Date (10)	Sched	. Completio	n Date (11			Name of OSHA Mo D & S Restora		nc.					
04/29/14	05/14	1/14				Street Address	tilon, i	IIC.	-		****		
Occupancy Status During Abateme						20 California A	Avenu	e					
Facility closed/vacated during			nent.			City, State, Zip Cod							
Abatement performed outside	e of normal	facility hours	s-										
Describe:NORMAL	HOURS				_	Paterson, NJ	07503						
Scope of Work (check all that app								Containment w	/negative	pressi	ure	- 37	2124 tables
	Renovation	n					===	enclosure ebag procedur					
≥160 sf or ≥260 lf	Demolition	n				F		ebag procedur -Exempted (*)		friable	proce	edure	
	Is location	n normally u	sed solely							R e	R	Е	E
Location of asbestos-containing	by mainte staff(12)	enance/cust	odial	Description		sbestos-containing		Amount (Specify S	E or	m	p	n c	n
material (acm) to be abated in facility (13)		Γ.,.	T	material ((ACM)		- 1	LF)	01	o v	a i	a	L
abates in latency (10)	Yes	No	N/A			III		10 7 77		е	-	р	
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Registered Waste Hauler D & S RESTORATION, INC		EP Hauler I 506		YD	vasie	TULLYTOW	N, RE	SOURCE RI	ECOVER	RY			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			04/30/1	4	-	TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature			1.6	*	Date	/2014			
BOGDAN JOLDZIC	PRESIL		,		40 m = 1	ad activities			04/16/	2014			
	* Do not us	thie torm	tor achaet	ne licensure es	* PITTOTA	-ci acinomes							

State of NJ Notification of Asbestos Abatement (Pursuant to N.IAC 8:60 and 12:120)

D&S Proj. #: 2014-154	_	(Pursua	8:60	and 12:120)				F		\		
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Date of Notification (1)	Name o	Building Owner	r/Operator (2)				APR 2	2 2 201	4	0 9		
0 4 / 1 5 / 1 4 Agencies Notified Type Notification		THOMAS				-					+	
EPA Initial	Oli Got / t		m. m.							*		
DEP Amended		JCLID AVEN	IUE			1				_		_
Amendment #:_ DOL Emergency		TWOOD, NJ	07675									
DOH (including	1	Contact	0,0,0				Telephon	e Number				manual.
justification) DCA Cancellation	RIC	K THOMAS										
Cancellation	1_==		LITY INFORMA	ATION	l							
Name of facility where abatement is	taking place (3)					Ту	pe of Facility (
SCHOOL STORY OF STATE							=	I (K - 12) apter 8 (Ot	hor th	an K-	12\	
RICK THOMAS Street Address				-		11	Other (Private/Co	mmer		12)	
						╽┝	Bldgs./	Homes, et	_	Bld	g. Age	
99-97 BAKER STREET	County (6)			Col	inty Code (7)	5	quare Feet	# of Floors	,	Dio	y. Ay	,
City (5)	Sourity (6)				ate use only)	0	Current Use (P	rior if being	demo	olishe	d)	
MAPLEWOOD	ESSEX				Name of Abateme	nt Con	tractor (9)					
Name of Monitoring Firm Hired by B	sidg. Owner (8)		ASCM No.		D & S RESTO							
Street Address				-	Street Address	KAII	ON, INC.					_
Street Address					20 California	Ave.						
City, State, Zip Code					City, State, Zip Coo	de						
					Paterson, NJ			License	Numb	or		
Project Manager for Monitoring Firm		Phone Number	er		Telephone Number 973-345-802				1169	6 1		
	Cabad Cam	pletion Date (11	\	_	Name of OSHA M							
Start Date (10)		pietion Date (11	1		D & S Restor	ation,	Inc.			-		
04/29/14	05/20/14	٥)		_	Street Address	Avenue						
Occupancy Status During Abatemen Facility closed/vacated during					20 California City, State, Zip Co		ic		_			
Abatement performed outside	of normal facility	hours-										
Describe:NORMAL H	OURS			_	Paterson, NJ							
Scope of Work (check all that apply	')	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ţ.		Containment vi i-enclosure	w/negative	press	ure		
	Renovation				ļ	Glov	vebag procedu					
≥160 sf or ≥260 lf	Demolition					Nor	n-Exempted (*)	and Non-	friable TR	proce	edure E	_
Location of asbestos-containing	by maintenance	nally used solely e/custodial		on of	asbestos-containing	1	Amount		e m	e	n	E n
material (acm) to be	staff(12)		material ((ACM)	'	(Specify :	SF or	0	a	c a	C
abated in facility (13)	Yes N	lo N/A							v e	r	р	_
BASEMENT			PIPE INSU				230 L FT	-	NA.	부	ዙ	
BASEMENT			BARE HEA	ATIN	IG PIPE	60 L FT 🔲 🗆 🗆						ዙ
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									后	Ħ	Ē	
Registered Waste Hauler	NJDEP Ha		ubic Yards of	Waste	Name of Registe	red La	ndfill	EGOVET	.v			
D & S RESTORATION, INC.	13506	Disposal D	3 YDS		TULLYTOW City, State	N, RE	SOURCE R	ECOVE	(Y			
City, State PATERSON, NJ 07503		04/30/1			_ TULLYTOW	VN, PA	Α					
Completed by (Print or Type)	Title	-1	Signature					Date				
BOGDAN JOLDZIC	PRESIDENT				and potivities			04/15/	14			
ACD 44	Do not use this	iorm for aspest	us licerisure ex	CHID	ou activities.							

Date of Notification (1)					Name o	f Building	Owner/Operator (2	2)					
04/18	_ / _	14	_		Kenr	nedy Hea	alth Systems		/ Job # 1404-186	6 Ch	k. #3	545	
Agencies Notified Type	Notificati	ion		-	Street A	Address							
	nitial				2201	Chapel	Avenue West		1DD 000				
	mended				City, St	ate, Zip Ci	ode	į.	APR 2 2 2	VI4			
	mendmer				Cher	ry Hill, N	J 08002						
	mergency ustification		uaing	h	Name o	of Contact			Telephone Number	or	4	1	
	Cancellatio				Mr.	loe Butta	ari	Lagran	ř				
					FAC	ILITY IN	FORMATION		_				
Name of Facility Where Abate	ment is Ta	aking l	Place	(3)				Type of Facility	(4) _{\$}	Ů,			
Kennedy Health System								School (K-12	2) **	38			
Street Address								Subchapter	8 (Other than K-12) rivate and commerce	rial hui	ldinas		
498 Marlboro Avenue								homes, etc.)		nai bai	unige	•	
City (5)		S-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						Square Feet	# of Floors	Bld	g. Ag	е	
Cherry Hill							=	6354	1	3	0		
County (6)			U male		Count	v Code (7	(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)			
Camden								Hospital					
Name of Monitoring Firm Hired	d by Buildi	ina Ov	wner (3) [ASCM N	No.	Name of Abateme	ent Contractor (9)				
Criterion Laboratories	a by build	mg O		"				d Mold Service					
Street Address	_						Street Address						
3370 Progress Drive, S	uite .l						3859 Sylon B	Boulevard					
City, State, Zip Code	arte e		100	2-00			City, State, Zip Co						
Bensalem, PA 19020							Hainesport, I						
Project Manager for Monitorin	n Firm			Tele	phone i	No.	Telephone No.		License No.				
Mike Panepresso	9 1 1111			20000	5-244-		609-702-0400)	00862				
Start Date (10)	Is	chedi	iled Co	1000	tion Dat		Name of OSHA M						
				123	1		EMSL Analyt						
Occupancy Status During Aba							Street Address			-			-
☐ Facility Closed/Vacated Du					ment			ite 130 North					
☐ Abatement Performed Out						cribe	City, State, Zip C			-	ASOMBIO		
Time of Abatement:							Cinnaminsor						
Scope of Work (Check all that	annly)												
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≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Re De De De De Re Re				☐ Mini-End	closure ag Procedure					
△ ≥160 Si 0i ≥200 Ii			_ 50	Honas	211		⊠ Non-Exe	empted (*) and N	on-Friable Procedu	re			
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Location of				Norma	illy ely by		Description			Z.	Re	m	En
Asbestos-Containing Mate)		intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)				(12)	1	-	other miscellane	eous)				ate	
			Yes	No	N/A					+-	_	_	
MICA Building					\boxtimes	Mastic	=		6,018 SF		Ш	Ш	Ш
MICA Building					\boxtimes	Sheet 0	Goods and/or Pa	aper	704 SF				
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Name of Registered Waste H	auler				NJDEP \ Hauler II		Cubic Yards of Waste		istered Landfill				
Freehold Cartage, Inc.					0226		8	GROWS	Landilli				
City, State							Disposal Date	City, State					
									40000T				
Freehold, NJ							5/14/14	Morrisvill	le, PA 19067				
Freehold, NJ Completed By (Print or Type)		Title)				5/14/14 Signature	Morrisvill		ate .	6-1	1	

ASB-41 MAY 11

^{*} Do not use this form for asbestos licensure exempted activities.

(hock # 10	105	N			OF ASBE o NJAC 8											
Date of Notification (1) 04/18/2014					Building C						7	7	F			
Agencies Notified	Type Notification			Street Ad 500 DC	ldress DREMU	S AVE			*	/PR	2 2	201	ń			
DEP DOL	Amended Amendment #				e, Zip Coo RK, NJ				Ý	711		201				
DOH DCA	Emergency (in justification)	ncluding	- 8	Name of)	-DI			*	Tele	nhone	Num	ber			
☐ DCA	Cancellation				AMILLE	C194000000	ON			Щ.				_		-
Name of Facility Where	Abatement is Taking	Place (3)	FACIL	LIT INFO	KWAII	ON	Туре	of Facility (4	1)	_					-
CARDOLITÉ COR		7.0	3						School (K-1	2)						
Street Address 500 DOREMUS A\	/ENUE							N (Subchapter Other (i.e. p etc.)					ings,	home	s,
City (5) NEWARK					-				re Feet	# of	Floors		ВІ	dg. A	ge	
County (6) ESSEX				County C (STATE U	Code (7) ISE ONLY)		_	Curre	nt Use (Pric	or if beir	ng dem	nolishe	ed)			
Name of Monitoring Firm SKY ENVIRONME		wner (8)		ASCM	No.				tement Con TRUCTIO			RAT	ION			
Street Address 140 BOULEVARD				I:				Addres	ss CHUNG A	VE						
City, State, Zip Code MOUNTAIN LAKE	S, NJ 07046								ip Code RANGE N	J 070	52					
Project Manager for Mo				Telephor 973-58	ne No. 8-4821			none No 669-2			Licen 0123	se No				
Start Date (10) 04/28/2014		Schedule 04/30/2		npletion [Date (11)		Name	of OSI	HA Monitor							
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street	Addres	ss		$\neg \tau$					
Abatement Perform	cated During Entire P ned Outside of Norm work performed outsi	al Facility	Hours	;			City, S	State, Z	ip Code							
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× F	Renova Demolit	tion ion		55	5	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		7.7	Locati	37235											ement pe	1
Locatio Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED ility	Use Ma	Normal ed Sole iintena todial s (12)	ly by nce/		tos Con thermal surfa		Materia is insula AT, or		(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u></u>				,	
OFFICE BAC	CK ROOM	X	-	RE	PAIR/\ INS	WRAP		PIPE	3	OLF			Х	X		
OFFICE BAC	CK ROOM		X		PIPE	INSU	LATIC	N DE	BRIS	1	5SF		Х			
	/															
Name of Registered Wa			2559	IJDEP W lauler ID		Cubic of Wa	Yards iste		Name of TULLY				RCE	FAG	CILIT	Υ
City, State LINDEN, NJ						Dispo	sal Date)	City, Stat		N, NJ					
Completed by SLAWOMIR KIELC	ZEWSKI	Title PRE	SIDE	SIDENT Signature Date 04/18/20							2014					

^{*} Do not use this form for asbestos licensure exempted activities.

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

		(PURSUAN	T TO NJAC	8:60-7 AN	D 12:120-7	· Che	CKE	±	2001	
Date of Notification (1)		Name of Building Owner / Operator (2)								
04 / 21 / 14			First Energ				()	* *	" /1 Pistor	
//_		- 100Hins - 9	Street Add						17	.)
Agencies Notified Type of No	tification		76 South S							
	Initial			, Zip Code			t Prom			11
	Amended		Akron, Ohi				AND	777		- / [
	Amendment #		Name of C							- 1
	⊨mergency w Cancellation	/ justification	Jim Halse	у		- 1		-		NAME OF THE OWNER, THE
	Caricenation	EA	CILITY IN	FORMATIO	N				1920	i i
			CILITI III	OrtillArrio			*		3	É
Name of Facility Where Abateme	ent is Taking	Place (3)		Type of Fa	cility (4)					
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					School (K-	NO (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street Address						er 8 (Other t				
24 SHREWSBURY DRIVE						private &	commerc	ial		
		10 10 17	(5)		bldgs., ho			Buildin	α A α α	
City (5) County (6)	-1.1	County Code ((7)	Square Fe	et	# Of Floors	5	Bullair	ig Age	
MONMOUTH BEACH MONMOUT	н			Current He	o (Prior if	being dem	oliehad	1		
				Telephone		being denn	onsilea _j			
Name of Monitoring Firm Hired	by Bldg Own	er (8)	ASCM NO		. 0.0					
Name of Monitoring Firm Fired	by Blag. Own	e: (0)	AGOIN NO							
Environmental Health Investigation	ns			LVI Demoli	tion Service	es Inc.				- 1000-00-
Street Address		-		Street Add	lress					
655 West Shore Trail										
City, State, Zip Code				32 Williams						
Sparta, NJ 07871				City, State	, Zip Code					
Project Mngr. For Monitoring Fi	rm	Telephone Nu	mber							
Dino Nappi		212-682-9271		East Hanov		36				
, , ,	505200	letetion Date (1	/	Telephone	Number		License	Number		
05/ 06/14	05/	/07/	14	073.88	4-8682				00860	
Occupancy Status During Abate	mont (Chock	Only 1)			SHA Moni	tor			00000	
Facility Closed/Vacat	ed During En	tire Period of			tion Service					
Abatement	ou buring Li	-		Street Add						
Abatement Performe	d Outside of N	Normal Facility								
Hours - Describe:	Friday 8:00 ar	m to 5;00 pm		32 Williams	s Parkway					
Other - Describe:				City, State						
				East Hanov	ver, NJ 070	36				
Scope of Work (Check All That	Apply)									
	_			F. II C4-	!	h Namativa	Decour			
Demolition	~	Renovation	님	Mini - Enc		h Negative	Pressure	*		
 ≥3sf or ≥3lf ≥160 sf or ≥260 lf 			H	Glovebag						
			[]			d Non-Fria	ble Proce	dure		
		*								
Location of	ls		Descript				Abateme	nt Type		
Asbestos Containing	Location	As	sbestos - C				R	_	E	E
	Normally		Material			Amount	E	R	N	N C
TO BE ABATED	Used		e., therma			(Specify SF or LF)	M	E	C A	L
in Facility	Solely			facing, VAT ellaneous)	,	SF OF LF)	v	A	P	ō
(13)	by Main- tenance/	011	outer illisc	enaneous			Å	l î	s	s
	Custodial						L	R	U	U
	Staff (12)								L	R
	YES NO N/A									
Exterior Telephone Pole		Transite Condu	uit			20 LF	. 🗸			
										1-2-
Name of Registered Waste Haul	er	NJDEP Waste	P. C.	Name of R	legistered	Landfill				
NEWARK CARTING		Hauler ID No.		I.E.S.I.						
City State		4509	of Waste	City. State						
City, State NEWARK, NJ			Disposal Date	BETHLEHI		105				
NEVVAIN, NU			Jaco	T						
Completed by (Print or Type)		Title			Signature				Date	
		Acceptance of the second			14	1	()			
Steven Stiles		Project Manager Hell 2							0	4/21/14

Check # 8913

Date of Notification (1)	4-19-14		Name	of Bu	ilding Owner	Opera	ator (2)	Rous	sel f	long	e5	201/	L	
Agencies Notified	Type Notification	Towns -	Stree	t Addre	ess /	9	new many and a second	bor	" "	1	te Lid		1	
□ EPA .□ DEP	Initial Amended Amendment #	No. of the second secon	City,	State,			eris P	10000		(0)	79	50))	
DOL DOL	☐ Emergency (incl justification)	luding	Name	e of Co	ntact		AROUS		Tale-	-				
□ DCA	☐ Cancellation		F/	ACILIT	YINFORMAT								-	
Name of Facility Where Single Street Address	Abatement is Taking P FRANK FRANK)welli	\cup	/	acant))	□ Sch	er (i.e. pri		K-12) nercial l	ouildir	ıgs, h	·. omes	
City (5)	ahawk		N.	<u>-</u>	0805	50	Square I	Feet	# of Floors		6	g. Age		
County (6)	Pan			nty Coo	de (7) E ONLY)		- Sins	Use (Prior	if being den	nolished	i) 	Hen	ne	_
Name of Monitoring Fire		mer (8)	AS	SCM N	0.	N	ame of Abater	1			1			
Street Address	2 mine 18	3			100	S	treet Address	Sox (3				
City, State, Zip Code	Dox 3e	MT	0	95	133	C	city, State, Zip	Code	A f	7	08	35	33	3
Project Manager for Mo	aid of irm	10	120000	phone			elephone No. 09 758-			nse No.	3	9	4	
Start Date (10)		Scheduled C	omple	tion Da	58-3369 ate (11)		lame of OSHA	Monitor	1	`	_		-	\neg
4-29	-14	5-6	7-	14		- 5	Street Address		nnolog	ies	L	IC.		\dashv
Occupancy Status Duri			ement				P.O.		337					
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of Norma	I Facility Ho	urs ;			(Vew E	Code	LU	- 0	85	3	3_	
Scope of Work (Check	All That Apply)							-[1						
192° ≥3 sf or ≥3 lf 151 ≥160 sf or ≥260 lf		1000	ovation olition	ĺ			☐ Mini-	Enclosure					S	
		Γ					Non-	Exempled	1 () and Nor	ri nabi		Abate		
		100000000000000000000000000000000000000	cation mally			Desc	cription of					Ty	pe	-
Locati Asbestos-Containii TO BE A In Fa (1:	ng Material (ACM) BATED cility	Custodi	enance	1	Asbestos C (i.e. then	ontai nal s irfacii	ining Material (ystems insulating, VAT, or scellaneous)	(ACM) ion,	Amour (Specif SF or L	Ty .	Removal	Repair	Encapsulate	Enclosure
		.00		N/A	- N.		76 \ 1		1000		~			
exterior	Malls		- 2	X	Sidin	£.	Shing	es	1500	SF	X			
								N of	Registered	andfill				
Name of Registered V	2 4	•	Hau	EP Waller ID I	No. of	Wast	rards te		te Man		nen	6.	e f	49
City, State	chnologies		<u> </u>	100	Di	1000000	al Date Q-14	City, Sta	_{te} visyille		A			20011
Completed by	-34b.	NJ Title	٠, ٨	+			gnature	500	1	T Da		19	-/	4
Steve Sch	ien her	Pres	ide	11		-	There's							

Date of Notification (1)	Name of Building Owner	Operator (2)	12LC	1	1
4/11/19	Street Address	XIIO FOS	7		
Agencies Notified Type Notification	350 %	nala Sha	æt		
EPA Initial Amended	City State, Zip Code	000	Torse	40°B.≈51	0211
DOL Amendment #	Inglow	2000. Cler		701	
Enlergency (in	Name of Contact	1 -	Tolonhara Manh		
DOH justification) Cancellation	HASSIG F	177V	<u></u>		
	FACILITY INFORMAT	Type of Facility ((4)		
Name of Facility Where Abatement is Taking	Place (3)	School (K-1	(2)		
Street Address	so driver	Subchanter	8 (Other than K-12)	hulldings h	omes
Street Address O	Shoot	Other (i.e. etc.)	private & commercial	pullulings, i	ioines,
City (5)		Square Feet	# of Floors	Bldg. Ag	e
on of many	1. Jasey 0	631 ROODQ	و اد	170	<u>O</u>
County (0)	County Code (76)	Current Use (Pr	ior if being demolishe	ed)	
bercen	(STATE USE ONLY)	- 470	A DEATH		
Name of Monitoring Flam Hired by Building O		Name of Abatement Co		N.T Tr	ic.
Hilman Environce	sonex coas	Affiliated Street Address	Env. Serv	NO II	
Street Address	- not	450 S. Rive	er Street		
1600 have da	EACI	City, State, Zip Code			
City, State, Zip Code	CRY OTORS	Hackensack	NJ 07601		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No).	
Tom Rubino	908-688.780	201-931-03			
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monito	r		
4/88/14	6/28/14	N/A			E7/55
Occupancy Status During Abatement (Check		Street Address			
Facility Closed/Vacated During Entire P	eriod of Abatement	City, State, Zip Code			
Abatement Performed Outside of Norm Other – Describe:	0 - 3.00 pm.	Only, Ginnis, my comme			
Scope of Work (Check Ail That Apply)	•				
≥3 sf or ≥3 If	Renovation	Full Contains	nent with Negative P	ressure	
≥160 sf or ≥260 lf	Demolition	Mini-Enclosu			
			ed (*) and Non-Friab	e Procedure	е
	Is Location			1	ement
Location of	Normally	Description of		1 1	pe T
Asbestos-Containing Material (ACM)		ontaining Material (ACM) nal systems insulation,	Amount (Specify	2 -	E E
TO BE ABATED In Facility	Custodial Staff?	rfacing, VAT, or	SF or LF)	Repair	Enclos
(13)	(12) oth	er miscellaneous)	1	val air	ulate
2	Yes No N/A				
Derimer, walk	V MOR	Le	1200 SAL	10	
Construction Area	2000	Plbaso	15 UF		
	T X P	21bus	15 CF	2/	
Conclusion Inea	The second second	CILLOS	COOD SATH	-	
Name of Registered Waste Hauler	NJDEP Waste Cu	bic Yards Name o	of Ponistored Landfill		
Global Waste Industri	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waste Mil	nerva Ente	rprise	esin
City, State Hackettstown, NJ	Dis	posal Date City, St Wa.y.i	ate nesburg, Oh	io 446	588
	Title	Signature	Da		
Completed by	Title	11/1/1/1		1/0/1	4
Shrik Jember	Coordina	The the World A	A	11.11	•

ASB-41 (R-05-08)

Do not use this form for asbestos licensure exempted activities.

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- 1	1 A	NIC	1	1 4	7 I	- 14	11

				(Purs	suant	to NJAC	8:60 a	nd 5:16)	Or it.	CLLL			1	_
Date of Notification (1)				N	lame of	Building	Owner/Op	erator (2)						i
04/		14	-	Н	ilda P	aqui				APR-	22	20	14		
Agencies Notified	Type Notificat	tion		8	Street A	ddress			1	200			Š		
☐ EPA	Initial					Stanley			3						
DOLWD	Amended Amendme	n+ #		(City, St	ate, Zip Co	ode						100		
X DHSS	Emergenc		iding	S	outh C	Drange, N	IJ 07079		1.				- 10H	(KG#1,811/2)	
DCA (NJAC 5:23-8)	justificatio		9	1	Name o	of Contact	1,200			Telephone Nu	ımber				
		оп		H	Iilda P	aqui									
					FAC	ILITY IN	FORMA	TION				100.700			
Name of Facility When	e Abatement is T	aking F	Place (3)					Type of Facility (4)		55			
Private home								7	School (K-12		4.0%				
Street Address			1000						Subchapter 8 Other (i.e., p	(Other than K-	nercial	build	dinas		
South Stanley Roa	d								homes, etc.)				3		
City (5)	<u>u</u>				122 - 37				Square Feet	# of Floors		Bldg	j. Age	9	
	7070						90								
South Orange, NJ 07 County (6)	019				Count	y Code (7) (STATE US	E ONLY)	Current Use (Pr	ior if being dem	olished)			_
Essex Name of Monitoring Fi	rm Hired by Build	ding O	wner (3) A	ASCM N	No.	Name o	Abateme	ı ent Contractor (9)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Gr Tech								
Street Address							Street A								
Oliget Wariess								ley Rd #	1283						
City State 7in Code								ate, Zip C						-	-
City, State, Zip Code	7.9							NJ 074							
Project Manager for M	tonitoring Firm			Teler	ohone I	No.	Telepho		70	License No.				301130	
Project manager for iv	orntoring ram			1010	VIIGITE 1		973-638			01127					
Start Date (10)		Schadi	iled Ci	omplet	ion Dat	e /11\		f OSHA	Agnitor	01127					_
04 / 02					_ / _										
		-					Street A		onsultants,Inc						
Occupancy Status Du					n a n i										
∑ Facility Closed/Vac ☐ Abatement Perform						cribe			Road, Bldg .#	34A					_
Time of Abatemen	ned Cutside of N	PN	raciity 1/	PM_	s - Des	AM	lance lance	ate, Zip C							
	77-2-3-3-3						Fair La	wn, NJ ()7410 ip and decontami	action with non-	ativo pr	20001	IFO		
Scope of Work (Check	(all that apply)						Н		ip and decontaining ntainment with Ne	121		CSSI	II C		
			X Re	novatio	on				7. (1) \$ 1.	•					
				molitio			\bowtie	Gloveba Non-Ex	closure ag Procedure empted (*) and No	Tent with Nega	ative Pr	essi	ıre		
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	tion of		10007	Locat Normal			De	scription	of		-	- 1	_		
Asbestos-Containi		A)		d Sole		Asbe			aterial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure
	ABATED		200.28	intena todial		(i, e			insulation,	(Specify		Nou	air	aps	180
	acility 13)		Ous	(12)	otan:			icing, VA miscelian		SIF or LF)	1	a		ulat	.e
(1)	3)		Yes	No	N/A	1	011101							æ	
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Basement						Pipe ins	ulation			45 LF	-			Lund	-
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						lle te in			ata Name of D	internal Legation			Ш		_
Name of Registered	Waste Hauler			NJ	UEP Wast	e Hauler ID No	-	-11	ste Name of Reg						
Gr Tech LLC				(00337	85	TB		T.R.R.F. Inc		GF X		-		
City, State				and the second second			Dispos	al Date	City, State						
Wayne, NJ 07470							TB	D	Tullytown, I	PA					
Completed By (Print	or Type)	Title	9					ignature			Date				
	65020 BB	Ow	ner					H	An al	1	04/04	4/20)14		
N.Jevtic ASB-41								1/21	ALC CAR	23-1	1				
NAME OF COLUMN		- 2	Do no	n use i	his for	m for asbe	stos licen	sul exen	apted activities.						

MO#21901425502

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Dare of Notification (1)			1	lame o	Building (Owner/Operator (2))	-		9		į
03 /	24 : 14	1	H	ilda P	agui							
Agencies Notified	Type Notification				ddress		100	100 00	0018		A 15005K	į
EPA	Initial		1	South	Stanley I	Road	747.0	APR 2 2	2014			1
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∑ DHSS	Amendment		S	outh (Orange, N	J 07079						ì
DCA (NJAC 5:23-8)	☐ Emergency (i	nciualing			f Contact			Telephone Numb	ber			J.
(:14710 0.20 0)	Cancellation		H	Hilda P	aqui		:			,		1
						FORMATION						à.
Name of Facility Where	Abatement is Taki	ng Place (3)				Type of Facility (4)			W. 100 - 2.00	
Private home			130				School (K-12)					
Street Address							Subchapter 8	(Other than K-1 2 ivate and commer) rcial buil	dinas	į.	1
1 South Stanley Road							homes, etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
City (5)			-				Square Feet	# of Floors	Bld	g. Ags	9	
South Orange, NJ 070	79											
County (8)				Count	y Code (7) (STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)	35%)		
Essex											-	
Name of Monitoring Fire	n Hired by Building	Owner (8) /	SCM I	No.	Name of Abatems	ent Contractor (9)					1
						Gr Tech LLC						1
Street Address						Street Address						1
12					***	576 Valley Rd #	[‡] 283					
City, State, Zip Code						City, State, Zip C	ode					(
						Wayne, NJ 074'	70					
Project Manager for Mo	nitoring Firm	22	Tele	phone i	No.	Telephone No		License No.				
						973-638-1777		01127				
Start Date (10)		neduled Co				Name of OSHA	Monitor					
	/	04/	03	_ / _	14	Envirovision Co	onsultants,Inc					
Occupancy Status Duri						Street Address						
Facility Closed/Vaca						20-21 Wagaraw		34A				
Abatement Performs Time of Abatement:	ed Outside of Norn	na) Facility	Hour	s - Des	Cribe A NA	City, State, Zip C	lode					1
THE OF ADMICTIONS					ואור	Fair Lawn, NJ (07410			0-10-10-1		
Scope of Work (Check	all that apply)						ip and decontamin ntainment with Ne		e press	ure		
>3 sf or >3 lf > 160 sf or >260 lf		ズ Re	novati	on		☐ Mini-En	closure					į
2 160 sf or 2260 lf			molitic			Gloveba	ag Procedure empted (*) and No	Tent with Negativ	e Press	ure		
			1 1		 	☐ Non-Ex	empted () and No	M-Friable Froced	-	-	- 5 T	
Location	as of		Locat lorma			Description	of			ateme	2	
Asbestos-Containin		Use	d Sale	ely by	Asbe	stos Containing Ma		Amount	Rer	Rep	ERC	품
TO BE AS		/H 299-05 10	ntena odial	ince/ Staff?	(i.∈	e., thermal systems		(Specify SIF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Fac	0.5.(2.5 * 0).		(12)	2000 (M)		surfacing, VAT other miscellan		SIF OI LIF)	<u>a</u>		Hate	क
3		Yes	No	N/A							10	
Basement			П	X	Pipe ins	ulation		45 LF	X			
Dascillett			F		T ipe ino					-		†
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							TA CONCERN			Ш	<u> </u>	بكإ
											\Box	
Name of Registered W	aste Hauler		MJ	DEP Wast	e Hauler ID No	Cubic Yards of Wa	ste Name of Regi	stered Landfill				
Gr Tech LLC			1	00337	85	TBD	T.R.R.F. Inc					
Off reen bbc						Disposal Date	City, State			-		
Wayne, NJ 07470						TBD	Tullytown, F	'A				
Completed By (Print or	Type)	Title				Signature	A Tuny town, 1		Date	_	_	
20 4750 187 50 Real and 197 50	1					1	whe wh	0 1	3/24/20	114		
N.Jevtic		Owner				//	we w	mad 0	J12412(/14		_

Check #7957

Date of Notification (1) April 2, 2014					uilding Ov lizabeth		perator (2	2)		1		, j) IF	F	7
Agencies Notified	Type Notification			eet Addr	ress field Sco	ott Pla	aza		11 × 11	٨	PR 2	0			13.	
区 EPA DEP DOL	Initial Amended Amendment #		City	y, State,	Zip Code	3				A	<u>FR 2</u>	2 0	014		-	-
DOH DCA	Emergency (ir justification) Cancellation	cluding		me of Conthony	ontact DeMio	Jr.				Tele	phone N	lumbe	7) 4	•	
		DI (0)		FACILIT	TY INFOR	RMATIC		T a	Facility (4)				_			
Name of Facility Where The Elizabeth Fire Street Address		Place (3)					I	Sc	chool (K-12)) (Othe						
472 Catherine Stre	et						Ì	of et	ther (i.e. pri	vate &	comme	rcial b	uildi	ings,	home	s,
City (5) Elizabeth								Square 3,600	SF	2	Floors		50	dg. A	ge	
County (6)				unty Coo	de (7) E <i>ONLY)</i>				t Use (Prior nt Fire Ho		ng demol	lished)			
Name of Monitoring Firm T& M Associates	n Hired by Building O	wner (8)	7	ASCM N	lo.				ment Contr struction,		(9)					
Street Address 11 Tindall Road							Street A		venue							
City, State, Zip Code Middleton, NJ 0774	18						City, Sta									
Project Manager for Mo Ryan Gardner	nitoring Firm		100000	lephone 32-671			Telepho				License 00724					
Start Date (10)	Start Date (10) 4/28/2014 Occupancy Status During Abatement (Check Only Only Only Only Only Only Only Only								A Monitor struction	Inc.						
	Only One)					Street A										
Facility Closed/Vac	cated During Entire P	eriod of Aba	atement 164 Getty Avenue													
Abatement Perform Other – Describe:	ned Outside of Norm Monday-Friday 7:30A	al Facility Ho M until 3:30	city. State. Zip Code													
Scope of Work (Check /	All That Apply)	-					[\overline{\sigma}]	X Full Containment with Nametica Processor								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio nolitior	200			×	Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fria							a	
		1		T				NOT	-Exempled	() am	3 14011-1 1	labic		Abate	ement	t
Locatio	on of	Nor	cation mally			Des	scription	of				-	_	Ту	ре	
Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED illity	Custod	enance	e/	(i.e. tl	hermal surfac	aining Massers systems sing, VAT niscelland	insulat T, or	(ACM) ion,	(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
205 - 2.24 2		Yes	No	N/A									_		te	
1st Fl	oor			X	F	loor	Tiles/M	astic		1,2	50 SF	X	2			
Basen	nent			Х		Pipe	Insulat	tion		2	3 LF	2	2			
											_		-			-
Name of Registered Wa	aste Hauler			DEP Was		Cubic			Name of F	Registe	ered Lan	dfill	-		L	
Slavco Construction			185	uler ID N 508		of Was	ste		GROWS	n terryon	dfill					
City, State Clifton, NJ	*	E.				Dispos TBD	sal Date		City, State Morrisvi		Α					
Completed by Branka Rovcanin	2	Title Admini	strati	ve Ass	istant	S	Signature No.	/	//-		_	Date 04/1		2014		

^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

				(Pursu	ant to N	NJAC 8:60-7 and 12:	120-7)	5.5			- Ch	eck 7	74	69	_
Date of Notification (1						Operator (2)	A 55 - :			1.1		1 !	-		1
	4/11/14				Depa	rtment of Milita	ry Affairs						_		1
Agencies Notified	Type of Notificat			Address agerts	Cros	sing Road			AP	7 2 2	201	Λ			1
	[X] Initial		.	.990.10	0.00	ogo			(, , , ,	401	7			1
[] DEP	Notification	C		ate, Zip C		00040		4	a 7		,		1		- Antonio
[X] DOL	[] Amended Notification		awre	encevil	e, NJ	08648		7	•	74	738		ž.		
• •		N:	ame c	of Contact				Tele	nhone Numb	er		- 100	-	-	J
[] DCA	[] Cancellation	۷ ا	Villia	m McB	ride			14							
					FACILIT	TY INFORMATION									
Name of Facility Whe		king Pla	ce (3)				Type of Fa	acility (4) school (K-	12)						
NJDMVA Head	quarters						1 11 8	ubchapte	r 8 (Other th	an K-12) cial bu	ildin	ne.		
Street Address	ossina Dood			+				nomes, et		Johnner	olai bu	ıııdırı	93,		
101 Eggerts Cro	ossing Road						Square Fe	eet	# of Floors		Bldg.	Age			
City (5)		County	53335			unty Code (7)	20000	18152	2	P-L-D	~65				_
Lawrenceville		Merce	er		(S	TATE USE ONLY)	armory	se (Prior i	f being demo	olished)					
Name of Monitoring F	irm Hired by Buildin	ng Owne		ASCM No). T	Name of Abatem	nent Contrac		12		-				
	Companies,	Inc.		00110			Jupiter Er	vironm	ental Sei	vices	, Inc.				
Street Address 7 Pleasant Hill I	Pood					Street Address	3 Lynn Co	ourt							
City, State, Zip Code	Noau	27 22 7 .				City, State, Zip C		Juit		_		5 000		-	
Cranbury, NJ 08	8512						Lincoln P	ark, N.	J 07035						
Project Manager for N	Monitoring Firm			Number		Telephone Num		0000		Licens	se Nun				
Kevin Lovely Scheduled Start Date	(10) Sobo			0-5858 Date (11		Name of OSHA	973-709-	0200				_00	85	12	
4/21/1			0/14		,	111-22-111112 (E) (E) (E)	J & S Environmental Laboratories, LLC								
Occupancy Status Du	uring Abatement (C					Street Address					25.0				_
	ed/Vacated During erformed Outside o						2333 Rou	te 22W							
Des	cribe:		i i aoi	inty i louis		City, State, Zip C		1 0700	9						
[x] Other Des	cribe: partially vaca	<u>ant</u>	Union, NJ 0708												
Scope of Work (Chec	k all that apply)						[]	Full Co	ntainment wi	th Nega	tive P	ressi	ıre		
[] Demolition				[]	Renov	ation	[]	Mini -	Enclosure		LIVO I		110		
[] ≥3 sf or ≥3 lf							[] [x]		ag Procedure Friable Proce						
[x] ≥160 sf or ≥	260 II	le	Loca	tion				14011	1 11000			Ab	ater	men	
		Nor	mally	Used			ription of		1	400000000000000000000000000000000000000		Ту	oe .		
Location Asbestos – 0	T(0,000,000))		Solely tenan	by ce/Cus			 Containing ial (ACM) 	3		Amour (Speci		RE	R	E N	E
Material	(ACM)			ff (12)		(i.e., ther	mal systéms			SF or L		M	Р	C	C
TO BE A				T			surfacing, VA iscellaneous					0 >	A	A P	L
(13		Yes	No	N/A								A	R		S
Basement offices			X		VAT :	and mastic	74	- X-	6	00 SF		L x	+	-	U
Bascinent onless						arra maono	Y 1		V						
								-					\perp		
Name of Designation of N	Masta Haules	I N	IDED	Mosto		uhio Vards	Name of	Pagistar	ed Landfill						
Name of Registered \ Jupiter Environs			NJDEP Waste Cubic Yards Hauler ID No. Of Waste					a Lanc							
We will be a second of the sec		04782 2					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					- 12			_
City, State Lincoln Park, N	ı					isposal Date 5/2/14	City, Sta		ОН						
Completed By (Print		Title				Signature	Waynesburg, OH						_		
Pane Repic	A1	0.50000000	eral	Manag	ger	1	, _ (v		4/1	1/14	ļ			
ASB-41				(4-						+					200
JUN 95						**									

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

				3				H 4-17 - 18	Che	eck # 7	475	-	
Date of Notification (1)	1/16/14			Building / Colle		operator (2) Morris		Ė	7	1 /			,)
Agencies Notified [] EPA [] DEP	Type of Notifica	ition S	treet Ad 14 Ce	_{Idress} enter G	Frove F			AF	PR 2 2	2 201	4		. 1
[X] DOL	[] Emergency [] Amended	/ F		te, Zip Co Iph, N		69						.L	
[X] DOH	Notification	n N	ame of	Contact			\$	Tolonhar 4	•	= 1	- 3	-	
[] DCA	[] Cancellation	on J	osep	h Pont	uro		4		ß				
				F	ACILITY	INFORMATION							
Name of Facility Wher LRC Building - C Street Address	CCM	aking Pla	ce (3)			*	Type of Facili Scho Subo Othe	ity (4) bol (K-12) chapter 8 (Other t er (i.e. private and nes, etc.)	han K-12 commer) cial bu	ilding	s,	
214 Center Grov	ve Road					97	Square Feet	# of Floor:	s	Bldg.	Age		
City (5) Randolph		County Morri				nty Code (7) ATE USE ONLY)	educational	2 (Prior if being den	nolished)	~ 50			
Name of Monitoring Fi		ling Own	- 1	SCM No.		Name of Abatem		⁽⁹⁾ ronmental Se	ervices	, Inc.			
Street Address						Street Address							
7 Pleasant Hill F	Road			22.0		City, State, Zip C	3 Lynn Cour	π				_	
City, State, Zip Code Cranbury, NJ 08	3512	p1	4				Lincoln Par	k, NJ 07035	1	N	-1	10.5914	
Project Manager for M Kevin Lovely	Monitoring Firm			Number -5858		Telephone Numb	oer 973-709-02	200	License Numb			85	2
Scheduled Start Date 4/25/1		ed. Com	oletion /31/1			Name of OSHA		onmental La	borator	ries. I	LLC		
Occupancy Status Du	Check on	ly one)		ent	Street Address	2333 Route						277	
[x] Abatement P	ed/vacated Duffing erformed Outside cribe: evenings a cribe: partially vac	of Norm and week	al Facil	ity Hours	-	City, State, Zip C							
				- 1					1				
Scope of Work (Check [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥3				[]	Renovat	tion	Full Containment of Mini – Enclosure Glovebag Proced Non – Friable Pro	edure			essure		
Locatio Asbestos – C Material TO BE Al	Containing (ACM)	No Mai	s Locatormally Solely ntenan- lial Stat	Used by ce/Cus		Asbestos Mater (i.e., ther	cription of — Containing rial (ACM) rmal systems surfacing, VAT,	aining Am M) (Sp tems SF		ify	R E M O	e R E P A	E E N N C C A L
In Fac (13	cility	Yes	No	N/A		or other m	niscellaneous)				V A L	I R	P C S S U L
			1000		D: .	aulatic -			120 LF			+	+
Various - tbd	110 007		X			ile and mastic			3000 SF		Х	\forall	_
Various, Rms 112,	113, 207		X		FIOOI	lie and mastic						\neg	
Name of Registered V Jupiter Environ	Waste Hauler mental Servi	1 (2)	04/62					Name of Registered Landfill Minerva Landfill					
City, State Lincoln Park, N	J					sposal Date 5/16/14 +	City, State Waynesburg, OH						
Completed By (Print of Pane Repic		Title		Manag		Signature	()	er	Da 4/	te 16/14	4		
ratie Repic			. IOI al		. ·	1	_		1				

ASB-41

Note: Phased Project. First phase is scheduled to start on 4/25/14 and be completed on/by 4/30/14. It involves removal of floor tile and mastic from various rooms. Amendments will be sent for other phases.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

					N							Che	ck#	747	6	_,
Date of Notification (1)							r/Operator (2)	111111111111111111111111111111111111111								
	4/16/14				Count	y Co	llege			A F31	3 0 0		- 1		+	_
Agencies Notified	Type of No	tification	200		ddress	Fiold	۸۷۵			, Ari	R 2 2 2	2014			İ	
[] EPA	[X] Initial	I.	1	J33 (Spring	neiu /	Ave.			. 8"						
[] DEP	Notific	cation	Ci	tv Sta	te, Zip C	ode						0	2		1	_
[X] DOL	[] Amen	hah			ord, No		16				- 3	714			-	
[X] DOH	[] Amen					v 10 00000000										_
[] DCA					Contact				-	Toloni						
[] DOM	[] Cance	llation	L	ouise	e Cado	rette	ì		9.	4						
					-	FACILI	TY INFORMATI	ON		1						
Name of Facility When	e Abatement	t is Tak	king Pla	ce (3)					Type of Faci	lity (4)			***			
Thul Bldg Uni				28 80					[] Sch	nool (K-12) ochapter 8 (Other er (i.e. private ar	r than K-12)				
Street Address	011 0 0 011 11	,				-			Oth	er (i.e. private ar	nd commerc	cial bui	lding	s,		
225 Roosevelt A	ve								no	mes, etc.)						
22011000040117									Square Feet	# of Floo	ors	Bldg.	Age			
City (5)			County				ounty Code (7)		15000	2	(i-bd)	~60			_	
Plainfield			Union			(S	STATE USE ON	_Y)	vacant	(Prior if being de	emolisnea)					
Name of Monitoring Fi	irm Hired by	Buildin	na Owne	r A	SCM No	<u>.</u>	Name of Al	atem	ent Contractor	(9)						
The Saban Engi										ironmental S	Services	Inc.				
Street Address	incoming c	Ji Our	p, 1110.		-		Street Add							_		_
171 Windsor St.	Suite 21	10							B Lynn Cou	ırt						
City, State, Zip Code	,	_	-				City, State,	Zip C	Code							
Kearney, NJ 070	032								Lincoln Pa	rk, NJ 0703	5		0			
Project Manager for M		m	Tele	ohone	Number		Telephone				Licens	e Num				
		10					973-709-0	200			00	35	2_			
Scheduled Start Date			Date (11)	Name of O				-1	1						
4/28/1	Action to the second se			6/14					J & S EUVI	ronmental L	aborator	ies, L	LC			
Occupancy Status Du	ring Abateme	ent (Ch	neck onl	y one)	of Aboto	mont	Street Add	Address 2333 Route 22W								
[x] Facility Close	ed/vacated L erformed Out	buring side of	f Norma	l Facili	tv Hours	-								_	_	
	cribe:	.0.00			•		City, State,			07092						
[] Other – Desc	cribe: partially	/ vacar	<u>nt</u>					Union, NJ 07083								
Scope of Work (Check	k all that appl	ly)							202 5							
[1] D					r ı	Dono	ovation		[] [x]	Full Containmen Mini – Enclosure		tive Pr	essu	re		
[] Demolition [] ≥3 sf or ≥3 lf					[]	Keno	ovation			Glovebag Proce						
[x] ≥160 sf or ≥2									[x]	Non - Friable P	rocedure					
			Is	Local	ion			17.000					Aba		nent	i
Ø 18			No	mally	Used		1200		ription of				Тур	e	E	_
Locatio Asbestos – C				Solely	by ce/Cus				- Containing ial (ACM)		Amou (Speci	1000	R E	R E	E	N
Material (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al Stat					mal systems		SF or L		M	P		С
TO BE A	BATED								surfacing, VAT	•			0	Α		L
In Fac			Yes	No	N/A		or of	her m	niscellaneous)				V	I R		o s
(13))		165	INO	IN/A								L		Ü	Ü
Various Areas		_		x		VAT					200 SF		X			
			STORE THE													
						700								_		
Name of Registered V	Vaste Hauler		NJDEP Waste Cubic Yards Name of Registered L							11						
Jupiter Environr	nental Se	ervice	es Hauler ID No. Of Waste Minerva Landfill							Landfill						
City State		_	04782 2 Disposal Date City, State												_	
City, State Lincoln Park, N.	1		5/16/14 Waynesburg, OH													
Completed By (Print of			Title Signature						3, 3	Date						
Pane Repic	, , , ,		11 (25/1) (37/2)	neral	Mana	aer	/	//	(-	~	4/1	6/14				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification						wner/Operator	(2)				1 77	- C	7
4-17-14			Bil	l Ka	upp							10 0	-/
Agencies Notified	Type Notificat:	ion	Street	Addre	ess	-							
[]EPA	[X]Initial		6 N	ewar	k Wa	У		APR.	2.2	20	14		. ! !
[]DEP	Notificat	ion	City,	State	, Zip C	ode	1	F ₁) Li					$\neg \uparrow$
[X]DOL	[]Amended Notificat		Map	lewo	od, N	J,07040							•
[X]DOH	Notificat	and the second s	Name o	f Cont	tact		Telephon	o Mushon	-			**	-i
[]DCA	[]EMERGENCY		Bil	l Ka	upp		•						
	[]Cancellati	on							**				
V-1-2-08-08-08-08-08-08-08-08-08-08-08-08-08-				Part Street Street	LITY IN	FORMATION	â		*				
Name of Facility Whe	re Abatement is	Takin	ng Plac	ce (3)			Type of Facili						
Same as above							[]School []Subchapt		er th	an I	K-12)	
Street Addres							[X]Other (i.e., priv	ate &	COI	mmer		
								ildings,		-			
City (5	6	ounty ((6) Fee		Cour	ty Code (7)	Square Feet	# of Flo	ors	Bld	ig. 1	lge	
CITY (5		y Karme	(0) E556		652.000.000	TE USE ONLY)	Current Use (I	Prior if h	eina	demo	olis	hed)	
							Current ose (IIOI II D	9		0110	1104,	1
Name of Monitoring F	irm hired by Bu	ilding	ASC	M No.		Name of Abater	ment Contractor	(9)					
Owner (8) N/A						AZTECH M	ANAGEMENT	, Inc.					
Street Address						Street Address	3						
						86 Chris	topher St						
City, State, Zip Cod	e		-			City, State,	Zip Code						
						Montclai	r, NJ 070	42					
Project Manager for	n Tel	Lephone	e Numb	er	Telephone Numb	per		Licer	se	Numb	er		
	N/	A			(973) 744	-8800		00371					
Scheduled Start Date		. Compl		Date	250000000000000000000000000000000000000	Name of OSHA 1	Monitor						
4-28-14	1 1	l-29-	-14	N/A Year									
Month Day You Occupancy Status Dur	ear Mon		c only one) Street Address										111000000000000000000000000000000000000
[X]Facility Clos	sed/Vacated Dur	ing En	tire E	eriod		occor macros.	-						
of Abatemen []Abatement Pe		of No.	rmal E	acili	ty	City, State,	Zip Code						
Hours - Desc	ribe: «OffHours	Descri	pt»		- 1	,, -							
[]other - Desc			Descr	ipt»			4 10070						
Scope of Work (Check	all that apply	γ)				[]Full	Containment wi	th Negativ	e Pre	essu	re		
[X]≥3 sf or		9178	X]Reno				Enclosure	1950					
[] <u>></u> 160 sf o	or ≥260 lf	ı] Demo	lition	1		bag Procedure riable Procedu	re					
(2.00 to 1.00		т.	Is	m						Abat	teme	nt I	Type
Location Asbestos-Con			Ormall Used			Description Asbestos-Con	100 1000	Amount	.	R	R	N	N
Material	(ACM)		Solely Mair			Material ((Specif		M	E	A	L
TO BE AB		t	enance	4	1000	(i.e., thermal ulation, surf		SF or LF)		0	A	P	os
(13)	1	St	ustodi aff (1	.2)		r other misce				A L	R	T T	U R
		Yes	No	n/a X	Dino	Insulati	07	63 1:	F .	X		•	E
Basement		-		^	ripe	Insulaci	OII	03 1.	- 1	^			-
A-1/2									-				_
Name of Positions 7	Jacko Haulan	hr-	DEP W	esto.	Cub	ic Yards	Name of Peri	stered Tar	dfill				
Name of Registered W AZTECH MANAG		Ha	auler	ID No.		Waste 1.5	Name of Registered Landfill G.R.O.W.S.						
		1	7040		Di-	nogal Data							
City, State Montclair, NJ	07042		- 6		U 25	posal Date -30-14	City, State Morrisville, PA 19067						
MONICCIAIL, NO	5,042				"	30 22	MOITISVIIIE, PA 1906/						
Completed By (Print	The first of the second		120			Signature			0.000		2000		
Constantine V	ivian Pre	esident Signature Date 4-17-14											

Date of Notification (1) 4/18/14			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Building (perator	(2)				1			
Agencies Notified	Type Notification			Address Ellis Roa	d		1	Α.	PR 2	2 2014	1			
EPA DEP DOL	Initial Amended Amendment	#	City, S	tate, Zip Co am, NC 2	de		-		i e					
DOH DCA	justification) Cancellation	• • • • • • • • • • • • • • • • • • • •	100000000000000000000000000000000000000	of Contact Kanzler			÷		1					
I DCA	Cancellation	kë	1		DMATIC	NA .						90		
Name of Facility Where	Ahatement is Takin	n Place (3)	FA	CILITY INFO	JRIVIATIO	N	Type	of Facility (4)	-			-	
Reichhold Inc.	Abatement is Takir	9 1 1000 (0)							800 4 8					
Street Address								School (K-1 Subchapter		than K-1	2)			
400 Doremus Aver	nue						×	Other (i.e. petc.)				lings,	home	es,
City (5) Newark							100 C	re Feet 000 +/-	# of F	loors	1,555.00	ldg. A O+	ge	
County (6)			Count	Code (7)			Curre	nt Use (Pri	or if being	demolis	hed)			
Essex			(STATE	E USE ONLY)		_	cher	nical mar	nufactu	ring				
Name of Monitoring Firm AET Inc.	n Hired by Building	Owner (8)	ASC	CM No.				tement Cor es, LLC	ntractor (9)				ă"
Street Address 28 N. Pennell Road	d						Addres West	ss Lincoln H	lighway	, Suite	500			
City, State, Zip Code Media, PA 19063								ip Code 19341						
Project Manager for Mor Eric Houseknecht	nitoring Firm		100000000000000000000000000000000000000	none No. 296-1132			none No 872-8		1.0	License 1 01161	No.			
Start Date (10) 5/6/14		Scheduled 0	Completio	n Date (11)		Name EMS		HA Monitor						
Occupancy Status Durin					Addres		41-							
	cated During Entire		ement					zin Code						
Abatement Perform Other – Describe:			ours											
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	oca jestinosta i i i i i i i i i i i i i i i i i i i	-	ovation nolition	olition N					ull Containment with Negat fini-Enclosure Glovebag Procedure			ve Pressure		
						>	≤ No	n-Exempte	d (*) and	Non-Fria	ble Pro	2 - Tay-	- 3 3 2 7 7	
		1,000,000	cation				,					Abate Ty		į.
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) B <u>ATED</u> ility	Used S Mainte Custod	Solely by enance/ ial Staff? 12)	nally Descrip Asbestos Containir (i.e. thermal syst surfacino				g Material (ACM) Amour ems insulation, (Speci- VAT, or SF or L			Remova	Repair	Encapsulate	Enclosure
		Yes 1	No N/A			2000					_		ite	æ
See atta	iched	Х				7					Х			
							77							
														-
Name of Registered Wa	ste Hauler		NJDEP	Waste	Cubic \	Yards		Name of	Register	ed Landf	ill			
Waste Managemen			Hauler		of Was 400			GROW						
City, State Newark, NJ				006	Dispos TBD	al Date	,	City, Stat						
Completed by		Title			Si	ignatur	е	0 1	۸		ate			
Jack Bally		Sr. Proj	ect Man	ager		XII	h.	Kal	lei	4	/18/14			10
ASB-41 (R-06-08)						J _{Do n}	ot use t	this form fo	r asbesto	s licensu	ire exen	npted	activi	ties.

Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

AET Project No.: 7393NJ

Client: Reichhold Chemical 400 DOREMUS AVENUE - NEWARK, NEW JERSEY

Building: 13

Floor/Level: 2ND

	Material ID / December	Estimated	ted		Assessm	Assessment Data		
	material in rescription	Quantity	dity	Friable (Y/N)	% Damage	Debris (Y/N)	Contact	Sample Reference #
Through Out Office/Confrence Room	Mastic associated with 12"x12" Tan Floor Tile,	2292	RS.	z	%0	z	L	7393NJ-001AM
Roofing	Roof Flashing	535	SF	z	%0	z		7393N 1-042A C
Exterior Old Canopy	"Mud I aver"	115	n C	z	%0	2		D - 4710-00000
Exterior Old Canopy	Caulking, Building 13 Exterior	115	O.	z	%0	2 2	ـ ا د	/393NJ-172
Hytorion Old Course	Caulking, Building 13 Exterior				3	2		/393NJ-173
Caterior old canopy	"Caulk Layer"	115	RS P	z	%0	z	u	7393NJ-200
			-81					
								N.

Notes:

Inspector: Anthony Keir

Inspection Date: 4-22 and 4-25-2013

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Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

V		
Client: REICHHOLD CHEMICAL	400 DOREMUS AVENUE - NEWARK, NEW JERSEY	

Client: REICHHOLD CHEMICAL 400 DOREMUS AVENUE - NEWARK, NE	NEW JERSEY	1.1					AET	AET Project No.: 7393NJ
Building: 30 Guard Shack and Dida o								
Canany, 20, Guara Suach alla bian 3		Floor/Level:	<u></u>					
A control of the cont		Fatimatod	Pote		Assessn	Assessment Data		o of the contract of
Functional Space	Material ID / Description	Quantity	tity	Friable (Y/N)	% Damage (Loc./Dist.)	Debris (Y/N)	Contact (L/M/H)	Sample Kelerence #
Guard Shack	23 - Roofing Material "Pitch Layer"	250	SF	z	0	z	٦	7393NJ-23
Bldg 9	26 - Roofing Flashing	100	SF	z	0	z	7	7393NJ-26
Guard Shack	118 - Window Glazing	2	SF	z	0	z	بد	7393NJ-118
						-		
82								

Inspector: Anthony Kelr

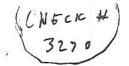
Notes:

Inspection Date: 4-23-2013

Name of Building Owner/Operator (2) Verizon 21 04 Street Address Type Notification Agencies Notified **⊠** EPA 621 William Street ☑ DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS East Orange, NJ 07017 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Verizon ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) 40 Orient Way Square Feet # of Floors Bldg. Age City (5) 75 15000 Rutherford, NJ Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. JVN Restoration Inc 57445 TTI Environmental, Inc. Street Address Street Address 47 Foster Road 1253 North Church Street City, State, Zip Code City, State, Zip Code Staten Island NY 10309 Moorestown, NJ License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 718-605-6256 00774 856-840-8800 Harold Balwin Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 5 / 1 / 14 5 / 7 / 14 **Testor Tech** Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/____PM-___AM LIC, NY 11101 Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normaliv Description of Location of Encapsulate Enclosure Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 200 SF 冈 П **Duct Insulation** Basement Fan Room, Unit 12-1 X \boxtimes П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste **IESI Newark Carting** NJ-566 10 Disposal Date City, State City, State 5/07/14 Bethelhem, PA Newark, NJ Completed By (Print or Type) Signature, 04-21-2014 **Project Manager** Ralph Barnhardt

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)	118/14		Name o	(Building	Owner/Operator	(2) CONTR	ABRC 2,200	14	,		
Agencies Notified	Type Notification		Street	Address	10-	0					
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(8)	1/A										
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Project Manager for M	onitoring Firm		elephone i	No.	Telephone No.	79-0472	0044	4_			
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Other - Describe:					MAP	LE JANDO	-11-13-1				
Scope of Work (Chec	k all that apply)				☐ Full C	containment with Neg	pative Pressure				
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Date of Notification (1)	-//			Name	of Building	Owner/Operator (2	2)	To the Inch	7	P		7	
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Haddon Heights, NJ 0			-			Philadelphia	, Pa. 19155	I i sansa Na					
Project Manager for Monitor	ring Firm		101/00/00/00	phone I		Telephone No.	NO.	License No.					
Craig Wilson				56 547		267-284-1050		01109		Hospi			
Start Date (10)	900	cheduled C				Name of OSHA M							
5/_5_/_	14	/	9	9 / 14 Joseph Maronski									
Occupancy Status During A						Street Address							
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Completed By (Print or Type	e)	Title				Signature	1 6	Dat	e,	_ 1			
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